

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M.K.	1104	11/15/01
RESPONSE FORMALITY REVIEW	K	1079	05-03-02
	178	1127	07/30/07

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 (Through numeral) _____ Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date
1	10/17/01
2	10/17/01
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Claim	Date
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If more than 150 claims or 10 actions
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Best Available Copy

10/17
 10/15
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